98042687

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

TICOR TITLE INSURANCE

219470 Hobt.

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE )

JAMES RUSSELL, being first duly sworn upon oath, deposes and says:

1. That VIRGINIA L. RUSSELL died on MARCH 18, 19 95 at 4:30PM, Hobart.

2. That JAMES RUSSELL and VIRGINIA L. RUSSELL were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
LOT 14 IN BLOCK 4 IN EARLE AND DAVIS ADDITION TO HOBART, AS PER PLAT THEREOF RECORDED IN MISCELLANEOUS RECORD "A" PAGE 486, IN THE OFFICE OF THE REOCRDER OF LAKE COUNTY, INDIANA.

Key# 17-104-8

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3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

SAM ORLICH
AUDITOR LAKE COUNTY

James Russell
JAMES RUSSELL

Subscribed and sworn to before me, a Notary Public, this 4TH day of JUNE, 19 98.

Notary Public

My Commission expires:

JACALYN L. SMITH
NOTARY PUBLIC STATE OF INDIANA
Resident of Lake County
My Commission Expires December 8, 1999

County of Residence:

12.00

This Instrument prepared by JAMES RUSSELL

000642

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

Local No. 0626-95

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. 219470 Hold.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| 1. DECEASED-NAME (First Middle Last) | 2. SEX | 3a. TIME OF DEATH | 3b. DATE OF DEATH (Month Day Yr) |
|---|---|---|---|
| VIRGINIA LAURA RUSSELL | Female | 4:30PM | March 18, 1995 |

| 4. SOCIAL SECURITY NUMBER | 5a. AGE - Last Birthday (Years) | 5b. UNDER 1 YEAR (Months, Days) | 5c. UNDER 1 DAY (Hours, Minutes) | 6. DATE OF BIRTH (Mo Day Yr) | 7. BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| 311-10-6129 | 77 | | | Nov 16, 1917 | Hobart, IN |

| 8a. WAS DECEDENT A U S VETERAN? | 8b. YEAR LAST SERVED IN U S ARMED FORCES | 9a. PLACE OF DEATH (Check only one. See instructions) |
|---|---|---|
| No | N/A | HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify) |

| 9b. FACILITY NAME (If not institution, give street and number) | 9c. CITY TOWN OR LOCATION OF DEATH | 9d. COUNTY OF DEATH |
|---|---|---|
| MILLER'S MERRY MANOR | Hobart | Lake |

| 10. MARITAL STATUS (Specify) | 11. SURVIVING SPOUSE (If wife, give maiden name) | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | 12b. KIND OF BUSINESS INDUSTRY |
|---|---|---|---|
| Married | JAMES RUSSELL | HOMEMAKER | HOME |

| 13a. RESIDENCE - STATE | 13b. COUNTY | 13c. CITY TOWN OR LOCATION | 13d. STREET AND NUMBER |
|---|---|---|---|
| IN | Lake | Hobart | 1026 DEVONSHIRE |

| 13e. ZIP CODE | 13f. INSIDE CITY LIMITS / 13g. ON A FARM? | 14. CITIZEN OF WHAT COUNTRY? | 15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.) | 16. RACE - American Indian, Black, White, etc. (Specify) | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | College (1-4 or 5+) |
|---|---|---|---|---|---|---|
| 46342 | 13f: ☐ No ☒ Yes; 13g: ☒ No ☐ Yes | USA | ☒ No ☐ Yes | WHITE | | 2 |

**PARENTS**

| 18. FATHER'S NAME (First, Middle, Last) | 19. MOTHER'S NAME (First, Middle, Maiden Surname) |
|---|---|
| CHARLES FREEMONT BRADLEY | LAURA YOUNG |

**INFORMANT**

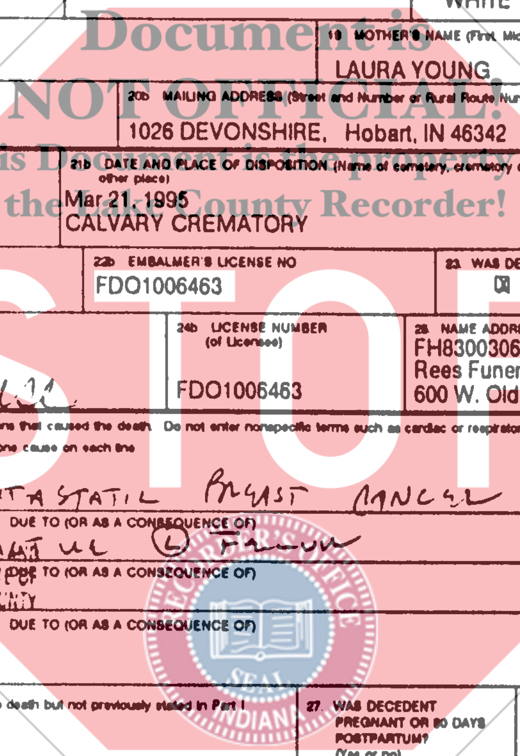
| 20a. INFORMANT'S NAME (Type/Print) | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 20c. Relationship |
|---|---|---|
| JAMES RUSSELL | 1026 DEVONSHIRE, Hobart, IN 46342 | Husband |

**DISPOSITION**

| 21a. METHOD OF DISPOSITION | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) | 21c. LOCATION - City or Town State |
|---|---|---|
| ☐ Burial ☒ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify) | Mar 21, 1995 CALVARY CREMATORY | Portage, IN |

| 22a. EMBALMER'S NAME | 22b. EMBALMER'S LICENSE NO | 23. WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| JAMES J. KRAUSE | FDO1006463 | ☒ No ☐ Yes |

| 24a. SIGNATURE OF FUNERAL DIRECTOR | 24b. LICENSE NUMBER (of Licensee) | 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| James J. Krause | FDO1006463 | FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342 |




**CAUSE OF DEATH**

26. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Breast Cancer — 6 months

DUE TO (OR AS A CONSEQUENCE OF) b. Somatic (L) [illegible]

DUE TO (OR AS A CONSEQUENCE OF) c.

DUE TO (OR AS A CONSEQUENCE OF) d.

Conditions if any which gave rise to the immediate cause stating the underlying cause last

THIS CERTIFIES THE ABOVE IS A TRUE COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

MAR 20 1995

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

Alexander S. Williams, MD
LAKE COUNTY HEALTH COMMISSIONER

| 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|
| No | No | No |

**CERTIFIER**

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.

☐ HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated.

☐ CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.

| 29b. SIGNATURE AND TITLE OF CERTIFIER | 29c. MEDICAL LICENSE NO | 29d. DATE SIGNED (Month Day Year) |
|---|---|---|
| J E Carter | 01039453 | 3/20/95 |

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

JOHN E. CARTER MD, 295 S. WISCONSIN STREET, HOBART, IN 46342

**HEALTH OFFICER**

| 31. HEALTH OFFICER'S SIGNATURE | 32. DATE FILED (Month Day Year) |
|---|---|
| Alexander S. Williams, MD | March 20, 1995 |

| 33. MANNER OF DEATH | 34a. DATE OF INJURY (Month Day Year) | 34b. TIME OF INJURY | 34c. INJURY AT WORK? (Yes or no) | 34d. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

| 34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | 34f. LOCATION (Street and Number or Rural Route Number City or Town State) |
|---|---|
| | |

| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. |
|---|---|
| | |

SDH06-004 State Form 10110-04 (R4 / 3-93) DEATHCER/PD 1